GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES

PCR Results Web Posting

| Provider Organization | American Health Care Services, Inc. | | | |
|--------------------------------------|--|--|--|--|
| Contact Person(s) | James Odimeqwu | | | |
| Phone Number | 202-549-5469 | | | |
| Email Address(s) | ahcsdc@yahoo.com | | | |
| Provider Services Reviewed | Supported Living, In-Home Supports, Respite Hourly, Respite Daily, | | | |
| # Individuals Reviewed by Service | Supported Living - 2 In-Home Supports - 2 | | | |
| | Respite Hourly - 2 Respite Daily - 2 | | | |
| Annual PCR dates | 01/09/2017 - 01/11/2017 | | | |
| F/U Review Date(s) | 1/23/17 | | | |
| Annual Report Date | 01/23/2017 | | | |
| F/U Report Date | 1/23/17 | | | |
| | | | | |

The overall results on initial review were:

| Service | | Person Centered Domains Score | | | Satisfaction Score | |
|------------------|------------|----------------------------------|-----------|-----|--------------------|------|
| | | # | Points | % | # | % |
| | | Yes/Total | Yes/Total | | Yes/Total | |
| Supported Living | All Q/A | 140/141 | 498/503 | 99% | 20/20 | 100% |
| | Indicators | | | | | |
| | Critical | 41/42 | 205/210 | 98% | | |
| | Indicators | | | | | |
| In-Home Supports | All Q/A | 64/68 | 240/256 | 94% | 20/20 | 100% |
| | Indicators | | | | | |
| | Critical | 26/28 | 130/140 | 93% | | |
| | Indicators | | | | | |
| Respite Hourly | All Q/A | 52/54 | 190/196 | 97% | 20/20 | 100% |
| | Indicators | | | | | |

| | Critical Indicators | 18/18 | 90/90 | 100% | | |
|---------------|------------------------|-------|---------|------|-------|------|
| Respite Daily | All Q/A Indicators | 61/62 | 209/212 | 99% | 20/20 | 100% |
| | Critical Indicators | 13/13 | 65/65 | 100% | | |

| Organizational | | Organizational | | |
|--|----------------------------|----------------|-----------|------|
| | | Outcomes | | |
| | | Score | | |
| | | # | Points | % |
| | | Yes/Total | Yes/Total | |
| | All Q/A Indicators | 46/46 | 150/150 | 100% |
| | Critical Indicators | 14/14 | 70/70 | 100% |
| Respite Services - Org. readiness only | , | 5/5 | | |

Certification issued/dates/services

| Waiver Service | Certification Dates | Certification Type |
|------------------|----------------------------|---------------------------|
| Supported Living | 01/09/2017 - 01/09/2018 | Annual |
| In-Home Supports | 01/09/2017 - 01/09/2018 | Annual |
| Respite Hourly | 01/09/2017 - 01/09/2018 | Annual |
| Respite Daily | 01/09/2017 - 01/09/2018 | Annual |